2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUN 1. Entity Name PARK CIR		546		Secretary of State
Principal Place 12651 MCGR 4-403 FORT MYERS,	EGOR BLVD.	Mailing Address 12651 MCGREGOR BLVD. 4-403 FORT MYERS, FL 33919		
D	O NOT WRITE	IN THIS SPA	CE	01122005No Chg-LLC
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS, FL 33906				DO NOT WRITE IN THIS SPACE
the obligati	named entity submits this statement for one of registered agent. Segreture, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2005	·	red office or registe	ored agent, or both, in the State of Florida. I am familiar with, and ac
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MILLER, STEPHANIE 12651 MCGREGOR BLVD. FORT MYERS, FL 33919 MGRM TOTH, GREGORY F 12651 MCGREGOR BLVD. FORT MYERS, FL 33919	ER\$/MANAGERS		000000184563 01/20/05-80035-013 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED HEPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

1/12/05

239-277-1515

Daytime Phone